

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Nebraska Medical Association Political Action Committee

ADDRESS (number and street)

233 S. 13th Street

☐ (Check if address is changed)

Suite 1200

Lincoln

CITY ▲

NE

STATE ▲

68508

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

samuels@nebmed.org

Optional Second E-Mail Address

meghanj@nebmed.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.nebmed.org

2. DATE

MM / DD / YYYY
07 / 29 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00002147

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Todd Pankratz

Signature of Treasurer

Dr. Todd Pankratz

[Electronically Filed]

Date

MM / DD / YYYY
07 / 29 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)